

MOTION BY SUPERVISOR MARK RIDLEY-THOMAS

JUNE 23, 2015

Improving Trauma Care Countywide and in “Hot Spot” Areas

The stated purpose of Measure B funding is to: 1) avoid a life-threatening shutdown of the Los Angeles County (County) trauma network; 2) maintain and expand the trauma network Countywide, while ensuring more timely response to critical and urgent medical emergencies; and 3) respond effectively to biological and chemical terrorism.

In October 2014, the American College of Surgeons (ACS) adopted guidelines it recommends lead trauma agencies, such as the County’s Department of Health Services’ Emergency Medical Services Agency, use to best serve the needs of injured patients and optimize regional trauma system functions. Among other things, ACS recommended that lead agencies assess their trauma system using measures of trauma system access, quality of care, population mortality rates and trauma system efficiency.

ACS proposed various assessment measures including the number of Level I and Level II trauma centers per resident, transport times, the percentage of severely injured patients seen at each trauma center, trauma-related mortality rates, frequency and nature of inter-hospital transfers, and percentage of time on diversion status. Other

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measures exist including rates of blunt versus penetration traumas at each trauma center, regional variances in years of life lost and other quality of life measures.

It is critical that the trauma care system be reassessed on a regular schedule using clear and objective criteria and reliable data so that the allocation and spending of trauma care resources is responsive to and driven by needs assessment data and best practices in trauma care resource allocation.

Accurate data is critical. Reliable data shows that the County as a whole has one of the best trauma care systems in the world. The overall mortality rate is 3.6%, well below the national average of 4.2%.

Reliable data also shows there are huge regional variations in the volume of trauma injuries and trauma deaths. For example, South Los Angeles residents are more likely to require trauma care, and there are more deaths due to trauma in Service Planning Area (SPA) 6 than any other SPA. While South Los Angeles accounts for 10% of the County's population, it accounts for 20% of the trauma-related deaths.

Although more data and analysis are needed to get a complete picture of the County's trauma care needs, existing data shows a clear and urgent need for increased access to trauma care in SPA 6, which does not currently have a Level I trauma center.

It is critical that the Board of Supervisors (Board) both move forward to address immediate needs and take steps to obtain comprehensive data to make future decisions regarding the allocation of scarce resources to maintain a stable and robust trauma care system that serves the entire County, especially those areas experiencing high trauma mortality rates.

On June 9, 2015, the Department of Health Services released a letter to the Board with a proposed new allocation methodology for non-County hospitals but the implementation details of the proposed new methodology have not yet been resolved.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

- 1) Approve recommendation #1 of the Department of Health Services (DHS) June 9, 2015 letter to the Board of Supervisors (Board) to maintain trauma certification

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of the non-County of Los Angeles (County) trauma centers through December 31, 2015 without specific financial terms for the extension period; and

2) Refer back recommendations #2 and 3 of the DHS June 9, 2015 letter to the Board and direct the Director of DHS to:

- a. Continue to develop and refine a proposed revised methodology for allocating Measure B, Maddy Emergency Medical Services Fund and Richie's Fund dollars to non-County hospitals and, once the methodology is completed and the impact of the new methodology on the trauma system is analyzed, return to the Board to seek authority to put in place a superseding agreement retroactive to July 1, 2015;
- b. Report back in writing within 90 days on recommendations to improve the accuracy, quality and timeliness of the data collected on the County's public and private trauma care system;
- c. Report back in writing within 90 days on a proposed methodology for the Emergency Medical Services agency to regularly assess the County trauma care system using clear and objective criteria and needs-based data and issue publicly available reports so that the allocation of resources will be spent and driven by accurate data on community needs; and
- d. Report back in writing within 90 days on options to re-establish a Level I trauma care system to serve the South Los Angeles community given the high incidence of trauma mortality in that area. The report back should include a timeline.

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